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Transmittal Form
Change of Correspondence Address
Certificate of Transmission

10/623,833

FAX NUMBER: 717-237-5300

PARALEGAL RESPONSIBLE: Patricia L. Ballantyne TELEPHONE: 717-237-5289

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PTO/SB/21 (02-04)

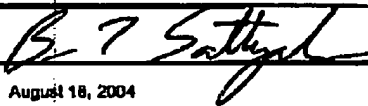
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/823,833	
	Filing Date	7/21/2003	
	First Named Inventor	Rotondo, Giuseppe	
	Art Unit	2882	
	Examiner Name	N/A	
Total Number of Pages in This Submission	2	Attorney Docket Number	22177-0023

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission Change of Correspondence Address Application
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Signature	
Date	August 18, 2004

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PTO/SB/122 (04-03)

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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	Application Number	10/623,833
	Filing Date	21-Jul-2003
	First Named Inventor	Rolando, Giuseppe
	Art Unit	2862
	Examiner Name	N/A
	Attorney Docket Number	22177-0023

Please change the Correspondence Address for the above-identified application to:

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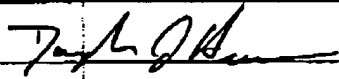
☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 33,249.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name: Douglas J. Hura

Signature: 

Date: 8-17-04 Telephone: 717-849-4466

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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PTO/SB/07 (08-03)
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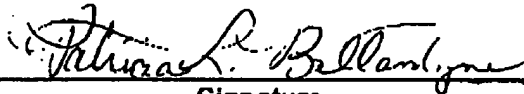
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Transmittal Form

Change of Correspondence Address Application

Attorney Docket No.: 22177-xxxx

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